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FRANK PARSONS NORBURY, M. D. AND THOS. A. HOPKINS, M. D.

Secretary: CHARLES WOOD FASSETT, M. D.

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Editorial Department.

Suicide and Carbolic Acid.

DURING the first twenty-five days of the August just ended there were more suicides in our city than ever were recorded for a like period; the number was 23, almost one for each day, and this number does not include the numerous attempts which were aborted. The why of the epidemic is a debatable question, whether it be due to atmospheric conditions, or to the publication of all the grewsome details in the dailies cannot be decided, but doubtless both of these have an equal responsibility, but there are facts in connection with the epidemic on which we can more definitely lay our hands. It would seem from a study of these cases that there is a crying need for regulation, or rather enforcement of existing regulations of the sale of poisons. Under existing conditions it is possible for any man, woman or child to purchase almost any of the poisons with little or no difficulty; this is especially true of carbolic acid, which is used oftener than any other poison, and, if we include in our reckoning the attempts which are aborted, oftener than any other means. It is time to class carbolic acid with the most dangerous poisons and to educate the laity against it. If there is a little odor from the sink or closet, or have vermin invaded the house the mother gives her little daughter ten cents, and tells her to get a dime's worth of the deadly stuff from the nearest drug store. And the worst of it is the little girl gets it. Here's a place where the druggist should work his "just as good," for there are plenty of just as good household disinfectants which are far less dangerous. We are glad to see that the local Retail Druggists' Association promises that this and all poisons shall be handled as the law directs. There is no excuse for anything otherwise. The bringing of criminal proceedings against those who disregard the law would have a salutary effect, and would hasten the day of its general observance.

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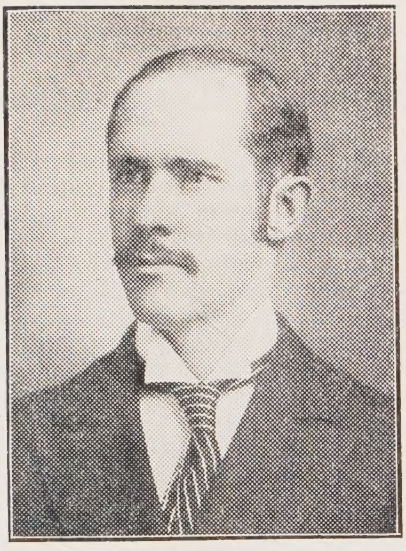
DR. HENRY JACOBSON left recently for a year's work in the clinics of Paris, Berlin and Vienna.



DR. W. B. LAFORCE,

OTTUMWA, IA.

Secretary of the Tri-State Medical Society.

The Osler Address.

THE triumphs of the science and art of medicine have been accomplished by the indefatigable labors of the patient, clear thinking students, who recognizing opportunities when presented to them, have systemically embraced them, and thus by exhaustive research, won everlasting honors. Beaumont, by his observations made under trying conditions, demonstrated physiological facts which have given him a permanent place in the ranks of American physiologists. It is in honor of Beaumont's work that the St. Louis Medical Society of St. Louis has invited Prof. William Osler of the Johns Hopkins University, to deliver an address under its auspices in St. Louis, October 4th, 1902. Dr. Osler has chosen for his subject "William Beaumont, the First and Greatest American Physiologist," a fitting subject by a fitting man for such an important event. No man in American medicine is more typical of the indefatigable observer, the painstaking, thoughtful student of medicine than Osler. Fortunate is the medical student, the student physician, who has come under the magical inspiring influence of Osler, and fortunate indeed is the physician who adopts from him as much as is possible the methods of work which he imparts.

The Osler address is an event of importance to the medical profession of the Mississippi Valley in general and to the profession of St. Louis in particular. First, because it is memorial to the work of one who has contributed to the world's knowledge of physiology, and thus helped in the great ultimate end of medicine, the establishment of exact knowledge, to aid in the relief of human suffering. Second, it is a commendable inauguration of a movement needed in the great centers of medical science in the West, that will acquaint physicians with the history of medicine and the biographies of the men who have made it what it is. Such a movement should receive encouragement from every practitioner who loves his profession, who sees in it more than a bread-winning occupation, who honors it because of its history and finds reverence for the work being done in it today. In the honor of this great occasion let every physician arrange to be in St. Louis October 4th.

The address will be delivered at 8 p. m. at the Odeon, on Grand Ave., between Finney avenue and Windsor Place. We congratulate the Committee of the St. Louis Medical Society upon its endeavor in securing Prof. Osler to deliver this address, and the society upon the enterprise and scientific spirit which prompted the event. F. P. N.

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DR. A. V. L. BROKAW has removed his office to his new building at the corner of Washington and Taylor, 536 North Taylor. The doctor has erected one of the most complete and modern private hospitals in the West his office and operating rooms, which occupy the first floor, are marvels of all that is up to date, and his X-ray laboratory is unquestionably the best equipped in the city.

In line with the address to be given by Prof. Osler, on William Beaumont, is a suggestion by him which we quote from the *British Medical Journal*. This suggestion is timely, helpful and in accordance with the newer ideas in medical instruction. It suggests collateral reading which in every science broadens and develops the student and puts him in touch with the historical facts which contribute to make, in the language of Bacon, "the full man:" "William Osler observes that in the every-day work of the wards, and of the out-patient department, the student may be helped to get into the habit of looking at a subject from the historical standpoint. In his out-patient class this is made a special feature of the teaching. A case of exophthalmic goitre comes in—the question at once is put, Who was Graves? Who was Perry? Who was Basedow? Of course, the student does not know; he is told to bring, on another day, the original article, and he is given five or ten minutes in which to read a briefly historical note. Osler takes from the class-book at random the titles of some subjects which have been presented this session, very often to the edification of the teachers as much as the students; Sydenham's description of chorea, Valsalva's method of treating aneurism, Tufnell's methods of treating aneurism, the history of our knowledge of lead poisoning, Abram Colles and his law, Dr. King's safety-valve action of the tricupsid valve, Bright's original description of the disease which bears his name, Glisson's original description of rickets, Blaud and his pill, the history of hemophilia in America, the history of diabetes.

Teaching the History of Medicine.

"In the present crowded state of the curriculum it does seem desirable to add the "History of Medicine" as a compulsory subject. An attractive course will catch the good men and do them good, but much more valuable is it to train insensibly the mind of the student into the habit of looking at things from the historical standpoint, which can be done by individual teachers who themselves appreciate the truth of Fuller's remarks:

" 'History maketh a young man to be old, without either wrinkles or gray hairs; privileging him with the experience of age, without either the infirmities or inconveniences thereof. Yea, it not only maketh things past present, but enableth one to make a rational conjecture of things to come. For this world affordeth no new accidents, but in the same sense wherein we call it a new Moon, which is the old one in another shape, and yet no other than what hath been formerly. Old actions return again, burnished over with some new and different circumstances.' "

♥♥♥♥

Dr. W. W. Graves, who has been working in the best German clinics for some months past, writes that he is planning to continue abroad another year. In addition to an endeavor to get all that is latest and best in the application of electricity in medicine and surgery the doctor is devoting a considerable part of his energy to mental and nervous diseases.

Favorite Prescriptions

Orthoform as a Local Anesthetic in Laryngeal Tuberculosis.—The following combination containing orthoform is recommended by Freudenthal in *Ther. Gazette:*

℞ Menthol..... gr. xv-lxxv
Ol. amygd. dulcis ..... ʒi
Vitelli ovorum..... ʒvi
Orthoformi..... ʒiii
Aq. destil q. s. ad..... ʒiii

M. Ft. emulsion. Sig.: Apply locally by means of a brush or laryngeal spray.

According to Sendziak, anesthesia produced and the relief of pain last usually a couple of hours, and at times as long as twenty-four hours. The orthoform also produces a favorable action on the tuberculous lesions themselves so that he regards the drug as a very valuable caquisition to the local therapy of laryngeal tuberculosis.

The following combination is recommended by McCall:

℞ Orthoformi..... ..... ʒii
Resorcin..... ʒiv

M. Sig.: Apply locally every second day.

The foregoing, he states, has given him excellent resutls in cases with ulceration and granulations.

In flat superficial ulcerations, such as occur in the epiglottis, orthoform, combined as follows, is preferable:

℞ Orthoformi ..... ʒii
Bismuthi subnit..... ʒiv

M. Sig.: Use locally by means of insufflation or in the form of an emulsion.—*J. A. M. A.*

Orchitis.—For the pain in orchitis quinine sulphate, gr. viiss internally, and the following locally applied:

℞ Methyl salicylate..... ʒvi
Guaiacol..... ʒi
Vaselin.... ..... ʒi

LUTAUD.

Ointment for Rheumatism.—

℞ Acidi salicyl.....
Ol. terebinth .....
Lanolini.....aa ʒiiss
Adipis..... ʒiij

BOURGET in *Le Progres Medical.*

Pertussis.—

℞ Pulv. bellad. rad..... gr. ⅛
Pulv. doveri..... gr. ss
Sulph. sublim.....
Sacch. alb.....aa gr. viii

M. S. at dose. Repeat from 2 to 10 times daily p. r. n.

Fortnightlettes

THREE pints of water daily should be drunk by the average man.

THERE is nothing more soothing in cases of nervous restlessness than a hot salt bath just before retiring.

WERE it not for the multituude of storks that throng to Egypt every winter it would be impossible to live in some parts of the country, for after inundation frogs appear in devastating swarms.

CONSANGUINEOUS MARRIAGES.—It is stated that in order to stop the degeneration of European royal families over whom he has jurisdiction the Pope will hereafter grant no more dispensations for consanguineous marriages.

THE grape fruit is said to have in smaller degree the qualities of quinine, and will actually allay inflammation and break up malarial disorders if taken in time. It acts directly on the liver and possesses mild purgative properties.

EXPERIMENTS upon 1220 children show that 95 per cent began to walk under the age of twenty-four months, a little over half began under fourteen months, one-third under twelve months, 10 per cent under ten months. Three babies out of the whole number began to walk under eight months.

CHOLERA IN THE PHILIPPINES.—Official statistics up to August 24 show a total of 25,664 cases with 18,040 deaths, though it is conceded that the actual number of cases and deaths is greatly in excess of this number. The situation in the provinces varies greatly, the mortality in some increasing constantly. Between June 25 and July 10, 72 deaths occurred among enlisted men, 35 of them being due to cholera. Binan, in the province of Taguna, has suffered more than any other town, in proportion to its population. The average death-rate is 65.81 per 1000. Small-pox has also appeared at Apari, in northern Luzon, 11 deaths having occurred out of 1000 cases.

THE LICENSING OF PROSTITUTION.—Dr. E. Benjamin Andrews, Chancellor of the University of Nebraska, in the course of a lecture recently delivered at the University of Chicago, advocated a system of surveillance and licensing of prostitutes. He defended the method followed in Paris and elsewhere on the ground that the State is under obligation to take measures to protect innocent women and children and future generations. He dissented from the assertion as generally made that in granting a license to a person engaged in a business or practice which is looked down upon or scorned by people generally the authorities are entering into collusion with the persons licensed. There are many times he believed, when a license is the best and most effective method of suppressing or regulating a vice.—*Med. Record.*

Osler Memorial Address.—The undersigned committee takes pleasure in announcing, that Prof. William Osler, of John Hopkins University, Baltimore, will deliver a memorial address on "William Beaumont, the First and Greatest American Physiologist," under the auspices of the St. Louis Medical Society of Missouri. The lecture takes place at the Odeon, on Saturday, October 4th, at 8 o'clock p. m. The medical profession of the city, and environment, is cordially invited to attend, and to honor our distinguished guest. The subject to be presented, and the eminence of the essayist, make this occasion one of the greatest importance and interest. We ask your hearty co-operation, and beg of you to give this announcement the publicity that it merits.

Dr. Robert Luedeking, Chairman,
Dr. W. G. Moore, Secretary,
Dr. A. R. Kieffer.

Age and Marriage.—A woman's prospect of marriage is distinctly affected by age. The statistics of all countries show that the great majority of women marry between the ages of twenty and thirty. Before reaching twenty a woman has, of course, a chance of matrimony, but the objections raised by parents or friends to marriage at a tender age frequently outweigh the desire of the young woman to acquire a husband, and lead her to defer the wedding day. All the statistics that have been gathered bear out the statement that a woman's best chance to marry is at the age of twenty-five, that over six-tenths of the marriages take place between twenty and thirty, and consequently that a woman's chance increases up to twenty-five, and steadily decreases after that age until it reaches the vanishing point somewhere about sixty. In England, of 1000 married women 149 marry before the age of twenty, 680 between twenty and thirty, 111 between thirty and forty, the woman in the thirties having not so good a chance as the girl in her teens; between the ages of forty and fifty the falling off is enormous, only forty-one in a thousand contracting an alliance in that decade, while past fifty the chances still further diminish, for the woman who has celebrated the semi-centennial of her birth has only nineteen chances in a thousand.—*Health.*

A New Use for Vaseline.—When sterilized vaseline is introduced within the tissues it undergoes no change and appears to be retained for an unlimited period. This property has been made use of for plastic purposes by Gersuny, of Vienna. In an individual upon whom a double castration had been done for tubercular orchitis, several injections of white vaseline were made, finally resulting in the formation of two deposits which were a fair representation of the original contents of the scrotum. It is not to be deemed that such a result is a rather unimportant one. In ths country we have heard of one or more individuals who were made happy by the insertion of a celluloid representative of a long-lost testicle. If this is to be considered from a psychological standpoint merely, it is unquestionably of interest to behold in what strange places vanity may crop out. Not only is vanity catered for by this procedure, however. An individual suffering from a difficulty of speech after an operation for hare-

lip received an injection of vaseline under the pendulous fold of the upper lip and was thus given the amount of labial resistance needed for proper articulation It is therefore evident that the ingenuity of surgeons will find new and original uses for this procedure.—*Ex.*

THE report of the Board of Agriculture for 1900 (Med. Rev., October, 1901) shows not a single case of rabies, in either England or Scotland. It may thus be said to have been eradicated. These results are due to enforced muzzling, the value of which can be seen from the fact that France has 2,000 or 3,000 cases per annum, and that in Italy and Belgium under like sanitary precautions the disease is increasing.

A New Factor in the Etiology of Malarial Fever, Indicating New Methods of Treatment (A. F. A. King, Amer. Jour. Med. Sciences).—The large mortality of European soldiers marching in the sun in the tropics, thought to be due to malaria is due rather to thermic fever, or insolations, for the malarial parasite can not be affected by external temperature: it is submerged in a blood bath, the temperature of which is constant, or nearly so. The negro's black skin absorbs heat like a black coat, yet he is practically immune. The Tahitans dwelling almost under the thermal equator are "free from marsh fevers." Holding the heat theory untenable may we not explain the undesirable relation between hot climates and malarial fever by substituting light for heat. To support this theory let us consider the following statements:

(1) The accumulated experience and observations of centuries which have been held to prove the agency of solar heat in causing malarial fevers, may be held to prove the agency of solar light. We can not conceive how external heat can warm the parasite in the human blood, but that light can penetrate the skin and act upon the plasmodium to promote its development—as light is known to act upon other ameba—is feasible.

(2) Paroxysms of intermittent fever will not as a rule take place at night.

(3) The relative liability and the relative immunity of different races of men to malarial fever depend upon the relative translucency or non-translucency of their skin and probably their blood.

(4) In places where malaria prevails the disease is increased by bright, sunny weather and lessened by clouded skies.

(5) It has long been a popular tradition that to prevent the occurrence of ague or to prevent its recurrence when it has occurred, it is advisable to keep in the shade and avoid sunlight.

(6) The malarial parasite is a naked ameba. Red light promotes the vital activities of ameba, while violet or purple light restricts them. The color of the light diffused through the blood is necessarily red.

If the etiology now given be correct, treatment is self-evident, viz., keep the patients in the dark, or in rooms with purple or indigo windows and clothe them with garments impenetrable to light. Give drugs which will darken the blood, render it violet or lessen its translucency.

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

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Focal Facial Epilepsy Followed by Temporary Unilateral Paralysis of the Face and Tongue.

By Frank R. Fry, A. M., M. D.,

ST. LOUIS,

Professor of Diseases of the Nervous System, Medical Department, Washington University.

IN the *Philadelphia Medical Journal*, June 14th, 1902, Drs. D. J. McCarthy and A. P. Francine under the above title report a case of much neurological interest. In order to compare their case with one of equal interest reported by myself some years ago I will cite briefly the clinical histories of the two cases. Their case was as follows:

"The patient, C. C., colored, aged 68, widow, complained of spasm of the face. She has had all the diseases of childhood, but, outside of slight colds and rather frequent attacks of indigestion, has enjoyed good health up to the present illness. There is a history of one miscarriage, following a fall: three other children are living and in good health. Menopause occurred 14 years ago without any serious nervous phenomena.

"One year ago (Fall of 1900), in attempting to put on her hat, she accidentally pushed the hat pin into the scalp. This caused considerable pain and was immediately followed by convulsive movements of the arms and legs. There was a sensation of cold in the limbs at the time, but she did not lose consciousness. Several weeks after the above attack, she began to have local manifestations in the face which have continued up to the present time. The attack comes on suddenly and follows a peculiar indescribable sensation in the top of the head and eyes. It begins as a series of clonic movements affecting the entire face, both upper and lower areas, and lasting from a half to one minute. The eyelids on the affected side (right) are very nearly closed and take part in the convulsive move-

ment. The pupil could not be examined on account of the short time of the "spasms" and the excitement of the patient. When the convulsive movements ceased, it was apparent that there was a complete paralysis of the right lower face, with some weakness in the upper facial distribution, and also a complete paralysis of the tongue, on the right side. This paralytic condition lasts from three to five minutes and gradually disappears. Consciousness is not lost in the attack, but at times she feels dizzy. These attacks occur usually two or three times a day. They also occur at night and wake her from a sound sleep.

"Examination of the patient reveals a well-nourished, black negress. Her general condition is good, without visceral disease. Motor power over the entire body is good. The reflexes are normal, the knee-jerks being somewhat more active than is usually met with. The eye reflexes are normal and no changes could be discerned by Dr. Shumway, to whom the patient was referred for examination. Sensitive to touch and pain, she appears normal to objective examination, but she states that she feels cold and heat decidedly better on the left than on the right side. On cold days she experiences the normal sensation on the left side, while the right side remains unaffected. She is able, also, to pick up much "hotter" articles about the kitchen with the right than with the left hand."

My case was the subject of a clinical lecture, published in the Medical Fortnightly, June 1st, 1898, as follows:

"This patient is 51 years of age. For many years his occupation has been cab-driving. Twelve years ago he came to the clinic. He stated that for some months, at varying intervals, he had been having severe spasmodic seizures of the left side of his face and neck (platysma myoides), which lasted from a few minutes to several hours. They left him with a feeling of lassitude and a paralytic condition of the face.

"Being much interested I visited him on several occasions at his home and witnesesd some of these convulsions. They consisted of clonic seizures of the most vehement description, following in rapid succession, involving the left side of the face and neck and no other portion of the body. The patient was perfectly conscious through them all, but unable to utter a word. They were so severe, so relentless, that after a few hours duration the plight of the patient seemed most pathetic. His whole body would be dripping in perspiration, and when finally there was a cessation of the storm the exhaustion was extreme and sleep irresistible. The paralysis that followed was apparently profound, i. e., the paralysis of the lower portion of the face. That of the orbicular muscle of the eye was slight and mended rapidly. But the lower face and tongue recovered slowly, signs of the paralysis sometimes remaining for five or six weeks. For some days after an attack his speech was almost unintelligible. The defect of speech was purely motor, no loss of the memory of words. During these attacks there was no alarm, no panicky or hysterical behavior on the part of the patient. I have known him for many years and have always found him to be a sensible, practical and industrious person.

"After this first series of attacks, which lasted for several months, he had none for six years, absolutely no appearance of them. Then he re-

turned, but had only a small number of them during the space of a month or so. Then no more until two years ago. And now he returns again, stating that he has been having some very hard ones. In the last one, which occurred four days ago, the right side of the face was slightly involved for the first time (his own statement). Otherwise these last attacks have been exactly like all previous ones."

Drs McCarthy and Francine make the following remarks concerning their case:

"We have here a case of focal epilepsy occurring in an old woman, affecting the right side of the face and tongue, and followed by paralysis of the right face and tongue lasting from three to five minutes. The case is one of great interest, not only on account of the diagnosis, but also on account of the interest attached to the paralysis following a localized convulsion. The differential diagnosis of an organic brain lesion from hysteria has to be considered. From the history of the case it was at first thought that it was a case of hysteria. The first attack of convulsive movements, resulting from an accidental scalp wound by the hat-pin, may have been hysterical. The conditions point to hysteria. This need not necessarily be so, as reflex epilepsy can well be caused by intense pain. It is hardly necessary to call attention here to the fact that in guinea-pigs convulsive states may be induced, and in some cases be transmitted to the offspring, by irritation of the sciatic nerve."

In presenting my case to the class I remarked as follows:

"The stamp of true epilepsy is recognized not always in the character of the individual seizure, but often in the concomitant phenomena and accompanying history. It is frequently by an appeal to these that we reach a diagnosis. Generally in the spurious cases there is something in the attack itself, in the concomitant phenomena or in the history, or in the combination of events, which, if carefully regarded, betrays their character. Often there is so much that is irregular, vagabond, extravagant, surprising, as to make the whole quite entertaining, picturesque, as it were.

"And that is what we find in this case. Although the spasm involves a very limited area, it is most intense, lasting, too, for hours at a time without spreading to other parts and without loss of consciousness. The seizures have recurred over a space of twelve years, at varying intervals, and yet no new phenomena have appeared nothing to indicate the progression of true epilepsy. Turning to the family history* we find that which confirms us in the opinion that we are not dealing with a case of genuine epilepsy. If I conformed to the customary nomenclature I would call it 'hysterical.' And there is perhaps reason in this instance to use the term. But I would remind you that we are frequently given to some carelessness in the employment of the word. It has for a long time been a habit when we find unusual nervous phenomena of a functional kind, which we cannot very conveniently explain or define, to call them hysterical. I think we must soon learn, for important reasons, to depart from this usuage and

* The patient's daughter frequently had major hysterical attacks, and his mother at the age of 92 years had attacks of senile epilepsy.

call only such things hysterical as appear in the company of well-recognized hysterical phenomena."

This patient has remained under my observation, and since the above was written has had, that I know of, two series of attacks exactly similar to the previous ones. Aside from the attacks he presents no evidence of focal or of organic disease of the nervous system of any description. He drinks too much beer, but never sprees. He also smokes too much. But he still follows very regularly his occupation of cab-driving.

As my language above quoted shows I hesitated at the time to call the phenomenon hysterical. At present I should hesitate even more to do so, especially since I am convinced that the attacks do not follow alcohol sprees nor emotional disturbances of any kind. When he was before the class I stated that I never had been able to discover any immediate or exciting cause of the attacks, nor have I since. On the other hand, if we regard this as a case of epilepsy we must admit that it is certainly a very unusual one, and especially in the matter of the post-spasmodic paralysis. On the latter point Dr. McCarthy and Francine say:

"Hemiplegic paralysis and monoplegic paralysis are occasionally seen following general and partial epileptic attacks, but the distribution of the paralysis in our case is unique. In a digest of these cases, with the report of a case by McConnell, facial or lingual palsy is not recorded. The face is supplied by the seventh nerve (facial) coming from the pons, while the motor supply to the tongue is from the twelfth nerve (hypoglossal), which comes from the medulla. It is quite unlikely, therefore, that a pontine, or basal lesion would produce such symptoms and not disturb the sixth, eighth, ninth, tenth and eleventh cranial nerves. Clonic convulsive movements have long been considered localizing for cortical areas, and a manifestation of irritation of still intact motor areas."

Although recognizing that my case was an unusual one I had no opportunity to examine the literature of the subject to any great exent. This has been done, however, by Drs. McCarthy and Francine with the result that they find their case to be *unique* in the fact of a post-convulsive paralysis limited to one side of the face and tongue. Unfortunately the record of my case was buried four years ago under the rather fanciful title of "Picturesque Epilepsy." To resurrect it is the especial object of this communication, hoping it may be a slight contribution to a subject which, thanks to the gentlemen above named, is found to be of considerable interest.

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A MAN who recently presented himself at a hospital in Paris for treatment was found to have turned his right thigh into a veritable pin-cushion. Hundreds of pins had been driven up to the head in his flesh. The man's mind had become unhinged by excessive use of alcohol.

Hemorrhage after Tonsilotomy.

By H. A. Leipziger, M. D.

BURLINGTON, IOWA.

Read before the Tri-State Medical Society, at Chicago, April 3, 1902.

DANGEROUS surgical operations may be divided into two classes: operations that are dangerous to the patient, and those that are dangerous to the surgeon. From a fairly extensive perusal of the literature on the subject coupled with my own experiences, I am led to believe that tonsilotomy is more dangerous to the surgeon than to the patient.

Although this paper, from its title, should deal only with hemorrhage after tonsilotomy, I am constrained to devote a few moments to some generalizations upon the responsibilities surgeons assume when they undertake so-called minor surgical operations, of which tonsilotomy is one. These remarks will appeal forcibly I am sure to all surgeons who have experienced what Paget has so classically described as the calamities of surgery. By the calamities of surgery he defines the results in minor surgical operations which terminate fatally, or leave the patient in a worse condition than existed before the operation was undertaken; they include fatalities from anesthetics; from minor operations, such as circumcision; the removal of small tumors of the face or scalp; ligature of a hemorrhoid; amputation of a finger; the tapping of an ovarian cyst; the tapping of a hydrocele; the division of a cervix uteri; the division of a fistula. From all of these he has known deaths to occur.

Like everything that Paget has written his essay on this subject is full of wisdom, and his conclusions, although perhaps trite and well known, will bear quoting again. He says: "All these calamities might be matters of no more than passing regret to us if they were altogether inevitable; if we could say that everything of this kind is purely accidental, a thing which no foresight could have averted, which came upon us out of circumstances over which we had no control whatever. But the truth must be fairly confessed; that these are not always accidents, and that often, when the calamity has occurred, and we look back on the events that preceded it we can find that the disaster was the result of some oversight, or of some carelessness, or want of judgment, or of skill. Do not let me seem to imply that there are no cases of this class which we may call purely accidental. Calamities in surgery may come of things which nothing far short of omniscience could have detected beforehand." Among the preventable steps he advises, "never decide upon an operation even of a trivial kind without first examining the patient with at least as much care as you would for a life insurance. Before a man's life is insured he undergoes an inspection of at least one medical man, and possibly of a whole board of directors. At least an equal amount of inspection ought to be made for every man who is to be submitted to an operation, and this involves a general fair consideration of what the man's present health is, how he looks, what is his pulse and his breathing, what he is in respect of temperance; what of exercise; whether he has ever had any serious ill-

ness; whether he is liable to minor illnesses; in short, in regard to what this examination should be, you may take for guidance the papers which insurance offices give to any one who proposes to insure his life."

Perhaps I owe an apology to this assemblage for presenting propositions which to many, and probably all of you are self-evident, well-recognized truths. But it may have occurred to some of you, as it has to me, that with the enormous advantages we have acquired in modern operative surgery today, over the methods in vogue in the days of Paget; that we occasionally forget or overlook some of these old and time-tried quoted above principles, which are a true guide today as they ever were. Although surgical dangers are greatly diminished by modern asepsis, antisepsis and hemostasis, calamities of surgery of the inevitable and the preventable types are bound to occur; if they occur after so-called minor operations we are particularly and forcibly reminded of their dangers to us as surgeons; the public is not able to distinguish between an inevitable and a preventable calamity; the laity is too prone to accept the assumption that all calamities after a minor operation were preventable; and when one has had a minor operation followed by death or disaster he looks in vain to all our glories of modern surgery for solace, and can turn for comfort and information to such essays as Paget's.

I include among the so-called minor surgical operations tonsilotomy and severe hemorrhage is one of its calamities. Most text-books of surgery speak of occasional fatal hemorrhage. I have thought from reading these works that death from hemorrhage was not so very uncommon. Naturally when I recently had my first case of apparently serious hemorrhage I was duly alarmed for the outcome of my patient and myself. A fatal hemorrhage after a laparotomy or a thigh amputation or post-partum. may be covered by that elastic and comfortable mantle called shock; but when a patient comes to your office in comparatively good health, has a tonsil removed and ultimately bleeds to death, which books says has occurred, no explanation or extenuation will easily be found to console the relatives or exonerate the surgeon.

Are there any fatal post-operative tonsilar hemorrhages? Or has one author copied the statement from another without any personal knowledge? I have looked through the Am. J. Med. Sc. from 1827 to 1902, and can find no death recorded, although several authors state that deaths have been reported, but do not say where or by whom. On the other hand, J. M. Warren in 1857 reports over 500 operations of excision of tonsils in none of which any fatal accident occurred, or which he had any reason to regret the operation. In but two cases, not in his own practice, had he seen any serious hemorrhage, and both of these cases did well. He had seen one case in which death was caused from enlargement of the tonsils in a young man, from suffocation; the trachea had been opened to prevent instant death when admitted to the hospital. S. E. Fuller, 1888, reports a case very similar to my own; a man of 25 years had his tonsils removed with a Mathieu's tonsilotome at 4 p. m. in the doctor's office, and with ordinary amount of bleeding; at 9:30 p. m., five and one-half hours after the operation, he complained of faintness and vomited blood, estimated by

his friends at from one-half pint to a quart. Shortly after he again vomited over a pint of dark blood. From 11 p. m. to 10 a. m. the next day continuous efforts were made to check the bleeding which was seen to be general oozing from the cut surface; everything in the way of styptics and pressure contrivances were tried throughout the night. Doctors after doctors were called in consultation—I can perfectly imagine Dr. Fuller's anxious search for colleagues who might be able to help him out—and at 11 a. m., fourteen hours after the bleeding had been discovered, the common carotid was tied. This did not stop the hemorrhage at all, and the bleeding continued until 2 p. m., twenty-two hours. The last remedy used before the bleeding ceased was a douche of very hot water. As this had been tried frequently during the night without success, the checking of the bleeding was not attributed to this remedy. The patient at this time was pulseless at the wrist, and transfusion of twelve ounces of saline solution was made into the radial vein. In a couple of days the patient was all right, although he showed signs of the effects of the hemorrhage at the end of a month.

Fuller quotes Sajous as saying that profuse hemorrhage occurs about once in 500 cases, while an alarming flow does not occur once in 1000 times, and accepts this proportion from the record of Cohen, Mackenzie and his own experience. He says quite a number of fatal hemorrhages are recorded, but does not give the number nor the authority. In answer to the question how to stop the bleeding he shows the inefficiency of the various styptics recommended; could not use continued pressure in his case on account of the retching and vomiting these occasioned, and cites De-Blois and Scheede as recording cases where the hemorrhage stopped when the patient fainted. In Fuller's opinion this was the way the bleeding was checked in his case. He concludes by advising in a similar case to use pressure and placing the patient upright to encourage fainting.

It would be waste of time to begin to enumerate the various methods recommended for the arrest of this hemorrhage. At a meeting of the French Surgical Society, in 1848, as many remedies were recommended by this and that surgeon as are in vogue today; the list running from such measures as simply keeping the mouth open to let the air stop the bleeding; to pressure from within and without. The inference from the discussion is that doing nothing will check the bleeding as well as all the other means. I have made use of a remedy in the following case which seemed to me to be effective, and is certainly worthy of trial in view of the apparent helplessness frequently occasioned by sense tonsilor hemorrhage when of the oozing variety.

Mrs. X., aged 25; good personal history; one brother tubercular; presented herself at my office at 3 p. m., February 17th, with the request to have her tonsils removed. I had operated upon them twelve years ago with a tonsilotome, and excised the usual sections. The tonsils now presented no evidence of former operation; they were both very much enlarged, the left a trifle the larger and from prolonged contact in the median line were flattened at these surfaces. The left one measured after removal two (2) inches in length, one and one-half inches in width and four inches in

circumference. The shape was somewhat like a mushroom with the broad portions in the median line; the right one was cut off with two sections of the tonsilotome being too large to cut off at one section and bled but very little; the left was pulled through the ring of the instrument with a little difficulty, and the section left a stump about three-fourth of an inch in diameter; the bleeding was more profuse than that of the left one, but seemed to subside upon pressure with a gauze tampon kept up for a few minutes; there were no distinct bleeding points visible, and no spurting; while lying down the bleeding appeared to cease, but when she sat up it began again in no alarming quantity; she insisted that she was not swallowing any blood, a mistaken belief, as shown later on by her vomiting blood which had trickled down the pharynx without her knowing it. I applied pressure with alum in solution and in crystal at various times as the bleeding recurred, and cold and heat, and at 5:30 p. m. she rode home with Dr. Milligan, who assisted me in the operation. At this time she still expectorated a little blood at short intervals, but not more than I had seen frequently in other cases; at 7 I was called to the patient's residence, as she was still bleeding, and found she had expectorated about eight ounces of dark blood which had coagulated. She had manifested some repugnance at the sight of the blood at the time of the operation, and when I saw her at 7 she was decidedly nervous about the continuance of the bleeding, and her pulse was 120. Various applications of styptics and pressure were now used, including adrenalin at the suggestion of a throat specialist, Dr. C. P. Frantz, but all to no avail, as the bleeding apparently continued to increase at periodical intervals, with apparent cessation of about one-half to one hour intervals. That these cessations were only apparent was shown by her vomiting at 10 p. m. about a pint of dark clotted blood, after an application of Monsell's solution. At this time her pulse was 140, and had lost a good deal of its strength and fullness and she showed the effects of hemorrhage or shock. It seemed the blood would clot upon and around the cut surface in the tonsilar pocket, but when the clot protruded it would start an irritation which made her hawk and spit it out followed by fresh bleeding; this as well as wiping off the clot would be followed by checking of the hemorrhage only to be resumed when the ever-recurring clot would again incite gagging and irritation.

At 10 p. m. I decided in order to eliminate whatever nervous element might be underlying the condition, to give a hypodermic of morphia and administered $\frac{1}{4}$ gr. with 1-50 of atropine. In twenty minutes she had gone to sleep, and it was a question whether the bleeding had stopped from the effects of the morphia, or from the use of an atomizer with alum solution. She slept until 2 a. m. and awakened bleeding again as before. She felt much better from the effects of her sleep, and as she did not vomit we supposed she had not bled during her sleep, accordingly I repeated the hypodermic, and she slept or rested quietly until 8 a. m. with slightly colored expectorations at long intervals; at 9:30, after taking some hot milk she vomited a small amount of blood and started to bleed again about the same as ever. She went to sleep again until 10:15 and then expectorated only mucous. Awakened occasionally to take liquid nourish-

ment and slept until 2 p. m. without any more bleeding since 9:30 a. m. She now proceeded to get along without any untoward symptoms; she was unable to avoid urine, due probably to the morphia, for twenty-four hours, and had some soreness at the site of the numerous styptic applications, the pain frequently extending into the left ear. After four days rest in bed and liquid nourishment she was up and about, showing the effects of the loss of blood. Drs. McKitterick and Sherman assisted me nobly during the severe strain of this night's experience.

I believe the irritation of the clot formed in the palatine pocket, and the nervous excitement, are largely responsible for the continuance of the bleeding, and that the morphine is responsible for its cessation more than anything else. In a similar case I should use it much earlier, or on this same theory might first try spraying with cocain, although we would perhaps not obtain the systemic quieting effect produced by morphine.

CONCLUSION.

1. I find in the journals many cases of alarming hemorrhage, but could not find reports of fatal cases; some were secondary; some continued off and on as long as nine days.

3. The operation is never justifiable without plainly presenting the possibilities of danger and letting the patient or parents assume the responsibility. The care in examining the patient prior to the operation should be as thorough as a life insurance examination.

4. The operation should never be done at the surgeon's office, but either at the home of the patient or at a well equipped hospital.

5. The usual compensation for the operation is ridiculously small compared to the responsibility assumed by the surgeon and the dangers arising from hemorrhage.

6. Fatal hemorrhage may be more frequent than reports give evidence of; if this is so surgeons should be urged to report their fatal cases for the better protection of colleagues who may meet this calamity.

7. Cessation of parenchymatous bleeding is effected probably by syncope favoring coagulation, or through vasomotor influence brought on by unconsciousness. If the latter is true removal of nervous excitement by hypodermics of morphine may prove to be the most desirable agent to check the hemorrhage. The use of various styptics seems ineffectual; their application is often injurious from the gagging and irritation produced, which in turn increase the bleeding and increase the nervous excitement; the best styptics, like iron are liable to injure the wounded tissues and discolor the teeth; styptics stop the bleeding when it amounts to nothing and would stop of itself, while the bleeding which continues and gives rise to alarm is stopped by syncope or unconsciousness, and I believe nature's efforts to check the bleeding in one or both of these ways is materially aided by morphine hypodermically.

8. Although I have failed to find any authentic reports of fatal hemorrhage in the literature at my disposal, and Bosworth says that he knows of no case reported in sufficient detail to warrant its being accepted as such, these conclusions must be modified if a report in the Wiener Klin-

ische Wochenschrift for February 27th, 1902, by Damionos is correct. This writer says that of 150 reported cases of serious bleeding seven were fatal. Three of the fatal cases were after operations by charlatans; two were children under 13 years, which is opposed to the general belief that severe bleeding after tonsilotomy never occurs in children.

DISCUSSION.

Dr. Norval H. Pearce (Chicago): I wish to congratulate Dr. Leipziger on his paper, which I have enjoyed more than any paper I have heard for some time. It is highly judicious in character, and I argee with him that the stilling of the nervous disturbance of the patient, is the most important factor in controlling hemorrhage. There is no means of operating that would insure us against such a hemorrhage; it occurs after the electric cautery, after the snare, cold or hot, after the use of the knife, after the guillotine, it occurs after any and all kinds of operating. It is the only thing to be feared in the operation, and I never cut into a tonsil without fearing hemorrhage, but, having had several unpleaseant experiences, I have never seen a fatal case. I have known of two; I have had alarming hemorrhages from a number of cases. Some of these have occurred in children, but the most of them have occurred in adults. I think the first thing to do, when you are called upon to see either an adult or a child, is to remove the clot from the tonsil. This seems to be a reversal of a general surgical dictum. In the throat, however, the clot becomes so voluminous as to act as a foreign body, causing retching and vomiting; it is thus detached from its base, and the hemorrhage is again set up. Just recently I have been called in consultation in a case where the tonsils were removed in a child of about twelve years, who refused all interference. The family were in a state of great excitement, and the operator was perhaps the most excited of all. I advised anesthetizing the child, and as the child was growing weaker, this was done and an immense clot was removed, so large that there must have been some difficulty in breathing. As soon as this clot was removed, the bleeding ceased. The child recovered from the anesthetic, but the bleeding did not recur. Therefore the first thing to do, in tonsilar hemorrhage, is to still the patient. This may requtre a general anesthetic, or it may require a narcotic. The next thing is to clear away the field of hemorrhage. Of styptics, I believe ferripyrin to be the best. If these or the cautery fail, I put on the Mickulatz's compressorium, an instrument with which you are probably acquainted, with two prongs, which enables you to bring as much pressure to bear as the patient will endure. This, in connection with morphin, has stood me in good stead in a woman who was exceedingly nervous. The morphin was carried up to the point where she lost consciousness, and she held the compressorium in the mouth over night and until the next morning.

Dr. B. H. Criley (Dallas Center, Iowa): I just wish to say one word about this hemorrhage. A few years ago I removed a tonsil and there followed a hemorrhage which was alarming. I tried very few things, but I made use of a Paquelin thermo-cautery, and stopped it almost instantly.

Dr. W. L. Ballenger (Chicago): In regard to the checking of tonsil hemorrhage, I have only to say one or two words. The more I operate upon tonsils, and I have operated in recent years upon many, the less I recommend the use of the ordinary methods, as styptics, pressure, etc. I have found that in these cases it is better to treat them as a surgeon wonld treat hemorrhage in any other part of the body. If serious enough to require interference at all, I use a large artery forceps which can be easily introduced through the mouth, and if it is a spurting hemorrhage I get hold of the bleeding point and seize it, and thus check it. With the pressure thus brought to bear upon the tonsil, the hemorrhage does not recur, as a rule. If the hemorrhage is of an oozing character, I have, in one instance, introduced as many as four artery forceps into the mouth at one time, and have thus succeeded in compressing the entire cut surface of the tonsil, with the result of checking the hemorrhage. I cannot see why we should not use artery forceps for tonsilar hemorrhages. Why should we continue to use styptic, when we can stop the hemorrhage by simpler and surer means? I used in one case last week, a short-handled artery forceps in this way. I simply wish to recommend this method. I have found it advantageous in my practice, and there are no special objections made to it by patients, except the instruments are a little awkward in the mouth. I had a case that was operated on by the cold snare, or so-called bloodless method of operating. Dr. Pearce has well said that there is no bloodless way of operating bloodlessly upon the tonsils. The cold snare method is said to be. This patient in nine hours bled four pints. I did not see him until the hemorrhage had ceased. Even the fainting away of this patient did not stop the hemorrhage, although the arterial blood pressure must have been much reduced. The hemorrhage was stopped by the physician in attendance, who made use of a pair of long uterine dressing forceps that he chanced to have in his bag. He used these as he would have used an artery forceps clamping the stump of the tonsil and the hemorrhage soon ceased. This, I think, points to the fact that it is the best and quickest method of stopping hemorrhage after tonsilotomy.

Dr. C. H. Andersen (Chicago): I was very much pleased to hear Dr. Leipziger's paper; but I was very much surprised to hear that after they had cut down on the common carotid they were not able to control hemorrhage. In the first place they never tied the common carotid, but it is probable that they tied the external jugular vein. There was no necessity of tying the common carotid as all the blood comes from branches of the external carotid and has nothing to do with the internal carotid.

It seems to me that a surgeon should always be called in, under such conditions, and I don't see any reason why such a patient should bleed to death if there was a surgeon present, and it seems to me that any man could by mere dissection, cut down on the common carotid.

I compliment the doctor on his paper, except that one thing, as it is a timely paper, and it is the minor things that many of us do not look after and such cases sometimes end fatally.

Dr. Campbell (Chicago): The essayist in speaking of morphin as a herapeutic agent in the control of hemorrhage did not mention its phy-

siological effect in doing so. The only effect produced from the small doses administered in the control of hemorrhage would be indirect, that of merely quieting the patient. Small doses of morphin causes a rise in blood pressure, and would tend to favor hemorrhage, when, however, from the administration of large doses the full physiological effect is obtained, we then have a marked lowering of blood pressure. So that to merely quiet the patient we might use the bromides more advantageously.

Dr. ————————: The writer emphasizes the thoroughness with which we should go into the history of cases that come to us for minor operations. This has been emphasized in more cases than one. In going over case histories we can recall where eminent men with whom we have had to do, have operated for minor operations and have had troublesome hemorrhages follow. As far as my operations on tonsils is concerned, the principal lesson I have had to learn is the lesson of "Don't." The next has been to get a history of the case and the tendency of the individual, if possible. I recall one case which illustrates the fatality that is possible to follow where such history is not obtained. It occurred in this city before a class of students, of which I was one. A lady was brought in who desired her tonsils removed. She was thin, but not anemic, although of light complexion, about fifty years of age. She was examined by the surgeon who took no particular history of the case, and he did not know her as she had come into the clinic for the first time that afternoon. After necessary preparations were made, the tonsils were removed and the patient retired from the room. The next afternoon the same surgeon came before the class with a haggard, worried expression, and said he would tell us of the terrible ordeal through which he had passed in trying to save that woman's life. Everything had been done that could be done, but she had literally bled to death. They found when they were called to the bedside of the patient, that she had a history of bleeding; the slightest operation, even a cut of the finger, would case profuse hemorrhage. This fact could easily have been brought out by questioning the patient before the operation and the doctor felt that he had neglected a very important step in not finding this fact out.

Dr. H. A. Leipziger: I wish to express my appreciation of the reception with which my paper has met, and the consideration it has received at the hands of the gentlemen who have discussed it. It is, in point of fact, merely a little experience confession of what has constituted a long series of failures, and has been a little groping for something that would help us out in a difficulty that we are all liable to get into.

The remarks made by Dr. Pearce were particularly instructive to me, on account of the position that I took that narcotics or anodynes would help to stop the bleeding. Perhaps the giving of the general anesthetic in his case acted similarly to the morphine in my case in arresting the bleeding. Removal of the clot must be of advantage; in the case that I described, when the woman removed the clot by hawking, the bleeding would stop for a short time.

That we should stop hemorrhage from the throat after the removal of tonsils the same as we do in all other surgical bleeding, is true, and in his

graphic description of Fuller's case he thought the best thing would be to put a clamp down in the throat, but the patient would not allow the clamp to be adjusted. When we have a constant and persistent hemorrhage from the throat after tonsilotomy, the patient and everybody in the vicinity of that patient is apt to become nervous. A clamp put in the throat of the patient makes him vomit, and I have read of cases where patients have stated that they would rather bleed to death than have the clamps inserted with the distressing vomiting which followed and caused inability to keep the clamps in place. As far as Fuller's description of tying the common carotid is concerned, it did not stop the bleeding. That was explained, or at least, mention was made of the remarkable of the fact that hemorrhage continued. As Dr. Campbell suggests, a small dose of morphin increases arterial pressure. What is a small dose in a normal person, would, I believe, be a large dose in a person weakened by constant hemorrhage, and I believe that explains why a normal dose of morphin might diminish arterial pressure in a patient weakened by hemorrhage, and thereby aid in stopping bleeding.

If I have called attention to the fact that most prescribed remedies for tonsilar hemorrhage are ineffective; that we should be very circumspect in operating on tonsils and caution our patients; and that anodynes, such as morphin hypodermics are worthy of trial, the object of the paper has been accomplished.

THE hottest region on the earth is on the south-western coast of Persia, where Persia borders on the gulf of the same name. For forty consecutive days in July and August the thermometer does not fall lower than 100 degrees, night or day, and often mounts as high as 128 degrees.

BILIARY COLIC.—Dr. Keay affirms that when biliary colic is due to the passage of gall-stones, the pain begins in the back (a breaking pain of short duration, between the eighth and eleventh dorsal vertebrae), and not, as in other affections of the bladder and ducts, in the right hypochondrium. When the pain is due to a stone entering or traversing narrow ducts, it begins suddenly and commonly at night. This nocturnal prevalence of attacks is due, according to Keay, to the fact that the gall-bladder becomes distended with bile when there is a long interval between meals. The attacks generally last from four to twelve hours. The pain caused by the entrance and passage of a stone through the ducts is limited to a definite period of time, with sudden beginning and ending, whereas the pain in inflammation is continuous. Mayo Robson has called attention to a pain in the left hypochondrium, below the cartilage of the eighth, ninth and tenth ribs, which is doubtless due to adhesions in the neighborhood of the gall-bladder. If the adhesions be comparatively recent, pressure over the left hypochondrium will elicit pain in the region of the gall-bladder. The associated presence of localized tenderness a little below and within the ninth costal cartilage is of signal aid in the diagnosis of gall-bladder trouble.—*Health.*

The Hygiene of Pregnancy.

By Charles E. Paddock, M. D.

CHICAGO.

Read at the Chicago meeting of the Tri-State Medical Society, April 4, 1902.

IN selecting this subject, I do so understanding that it is not new, nor are there any new ideas advanced. I do so, however, with a knowledge that the hygiene of pregnancy is being neglected. Because of this fact, I hope that the subject may be brought before you in a way that may stimulate you to better work in midwifery. I maintain that it is the younger men who are doing the good, careful work in obstetrics; that the older practitioner neglects details that are all-important to the welfare of the patient. The young man is fresh from his school, full of good ideas regarding the subject, is familiar with the teachings of his professors and his text-books He is able to do good work until his other duties become so hard that he finally looks upon the obstetrical practice as a side issue, loses all interest in it, and takes it for the remuneration which it brings.

There is no branch of medicine so thoroughly neglected as that of obstetrics. Why is it that the general practitioner gives so little time to it? Why is it that this subject is so little thought of that midwives who can not speak a word of English, can hardly speak their own language, and, worse than all, who know nothing of asepsis and antisepsis, are allowed to practise? What does the State Board of Health mean by licensing these women for practice in any branch of medicine, and especially the obstetrical one? Would we, as physicians, countenance the giving of diplomas to such to practice any other branch of medicine? And, while you may ask what this has to do with the subject of hygiene of pregnancy, my answer would be, everything, because these women as a rule know scarcely anything about the treatment of cases during pregnancy. They go out into the world practising their vocation, unfitting the women, and leaving them in a deplorable state. Just so long as we look upon obstetrics so lightly, just so long will women have to suffer from neglect.

Notwithstanding all this, I believe that we are advancing in the art of midwifery, and I believe that it is due to the condition of specialism. Obstetrical cases are now referred to the obstetricians, who are giving their best energies to the advancement of this subject. It is not these men, nor those of you who do good, conscientious work, that I am addressing, but the busy practitioner who has no time for obstetrical work, but at the same time takes every case, never seeing a case during pregnancy, hurries the labor with instruments, and pays no attention to the puerperium. To such I appeal, not only in the interest of the mother, but in that of the child. That many children are brought into the world poorly nourished, and finally succumb, is due entirely to the careless way of handling the case in pregnancy. We have clinical evidence which warrants us in making this statement.

Pregnancy was normally intended to be a physiological process, but custom has changed this, and we rarely see a case that does not require

the physician's attention. The nervous system shows unmistakable changes. There is a disposition to melancholia, and the digestive system is more or less disturbed. These conditions are occurring at a time when it is all-important that the woman be in as healthy a state as possible. Knowing these things to be so, we are guilty of culpable negligence if we neglect them. Unfortunately, in the class of cases where treatment would have done the greatest good, we do not see the patients until they have gone into labor. In the better class of cases the physician is engaged early, but in the country and in the poorer city districts the reverse is the rule. That the city patients require more attention, and are not so fit for maternity, is evident when we consider their surroundings. In the country the women are more active, they breathe purer air, eat plainer food, and drink purer water, and their habits are more regular. At night they breathe the same pure air, and their rest is not broken by the continual noises which make either the night or the day in the city wearing upon the strongest constitution. The city woman breathes the same foul air night and morning, drinks impure water, and has as a rule irregular habits, and most girls, of whatever class of society, are physical wrecks by the time they have reached the pregnant state. These are the women we must help.

In presenting this subject to post-graduate students, I am often met with the statement, "there is not enough remuneration in an obstetrical case." I maintain that if the case is worth taking at all, it is worth treating well, and the physician will find his remuneration in the consciouness of work well done and the plaudits of his patients and friends.

The hygiene of pregnancy begins as early as you see the case. Make a thorough examination and determine whether or not the woman is in a healthy condition and is able to give birth at term to a living child. It is a sad reflection upon a physician who has been engaged since the first few months of pregnancy to find at labor that the patient cannot, owing to tumors or some pathological condition which might have been corrected, give birth *via naturale* to a living child, or that the mother has some disease which pregnancy has increased. When you have determined that the woman is in a fit condition, then give specific rules which she must live up to. Circumstances are, of course, to be taken into consideration. The kind and amount of exercise, strict attention to the excretory organs, regular habits of diet, attention to the breasts are among the numerous things to which a physician's attention must be directed in his case during pregnancy. I do not intend to go into details or to enumerate all that should be done for the patient, but to mention two important factors in the hygiene which seem to be so often neglected and are so absolutely indicated. I refer to the bathing of the patient and the examination of the urine.

It is a popular belief that too much bathing is positively injurious, and it is our duty to correct this error. A daily full bath should be advise; not necessarily a hot one, but tepid or agreeable to the patient. This is a prophylactic treatment of nephritis and is all-important. Next comes the examination of the urine. Frequent examination, say every two

weeks, and the last month every week, and an occasional twenty-four hours' specimen, is positively indicated, and strict adherence to this rule has save many a woman from eclamptic seizures. Physicians doing much obstetrical work, and carrying out this routine treatment, often encounter patients with acute nephritis whom, by prompt treatment, they are enabled to carry through safely to full term.

Select the lightest and most pleasant room, which has been thoroughly cleaned and aired, for the confinement and puerperium. Aside from the sanitary point of view, there is nothing which adds so much to the comfort of the patient as a light room with pleasant surroundings.

When the patient arrives at the time of labor, the physician's duty is to take every care against the infection of the mother. When Semmelweis, in 1848, made known to the world his studies of puerperium infection, he opened up a new field in midwifery which has been the means of saving thousands and thousands of lives. The usual mode of infection is through the vaginal tract, by contact of the fingers of the accoucheur. The late Professor Jaggard, in his lectures upon the prophylactic treatment of puerperal infection, said: "Limit to the minimum the number of digital examinations." That advice is as good today as it was ten years ago. In a normal case, one examination *per vaginam* is sufficient, and that should be made under strict asepsis. All other examinations can and should be made externally, and by practice a skill will be acquired which will enable one to determine the position and presentation without running the risk of infection by repeated vaginal examinations. The labor being over, all lacerations of the vagina and perineum should be repaired. Physicians who do not, do not look for them, because they are present in a proportion of the cases of every physician. My attention has recently been called to a number of cases of confinement where little if any attention was given to the puerperal woman. How a physician can conduct a case of this kind through labor, and then forget that he has such a patient, is more than I can tell. So many little things come up daily, following a labor, that a physician's duty is to give the same strict attention to the case following as he did before. Catheterism is often necessary, and unless there is a skilled nurse present, the physician must attend to this himself. The diet should be attended to and regulated—absolute rules given as to what the mother should eat and also rules regarding the nursing of the baby. Absolute quiet is indicated the mother being kept from her well-meaning but misguided friends.

A prominent text-book advises that a patient be kept upon her back for a week. Why the author considers this necessary, is more than I can say. I believe the patient should be kept as quiet as possible, but after the first twelve or twenty-four hours to lie constantly upon the back becomes so irksome that I advise her being turned by the nurse from one side to the other. The same author advises that the patient be confined to bed for at least fourteen days, then shifted from the bed to a lounge, and at the end of three weeks be allowed to take a few steps, and at the end of four weeks allowed to leave her room. Such arbitrary rules are unnecessary, and cannot be made to fit every case. There are patients who may

be able to be about in a week, while another patient will not be in the same condition for three or four weeks, and my rule is to depend upon the amount of involution that has taken place, and I guage that involution by the character of the lochia. The lochia rubra may be present four, five to seven days, sometimes longer, depending, of course, upon the amount of involution of the uterus. If the uterus has contracted and the whole involution has rapidly taken place, the lochia cease, and then I allow my patient to be about. Great care should be taken before discharging our patient to make an examination *per vaginam* to determine the exact position of the uterus, to determine whether there is a marked retroversion or a retroflexion. But our duty to our patient does not cease here. Even after the third or fourth week we are often called, the patient complaining of a great deal of backache, of feeling of weight in the pelvis, and an examination will determine that the uterus has finally been misplaced. Therefore I would advise that two examinations be made—one at the time the patient gets up and another at the end of about six weeks.

There are numerous details which might be enumerated in the treatment of the puerperium, but these are found in the text-books, and it is my desire to only call your attention to the fact that these cases should be given more attention than it is the custom of the general practitioner to allot to his cases. The physician who does all this, who looks to the welfare of his patient during pregnancy, and gives the same watchful attention following labor, will have the lowest mortality and the fewest conditions of morbidity.

DISCUSSION.

Dr. Campbell (Chicago): I feel as though this excellent paper merits discussion. The advice given in a most thorough manner, indeed by Dr. Paddock, is certainly a benefit to every one who practices obstetrics. I am certainly of the opinion that the average physician pays too little attention to the pregnant woman before and after confinement. It is a lamentable fact that fibroid tumors and other pathological conditions are found only when the woman is ready to be confined, and these conditions very often cost her her life; when had they discovered earlier, she could have been saved. The aseptic technique as generally practiced is faulty, infection would be more common were it not for the hemorrhage that occurs at the time of labor which washes many a poisonous germ from the fingers of the physician, thereby preventing infection. A pernicious practice of oft-repeated examinations and as well the retention of the examining finger in the vagina during the second stage of labor is capable of serious consequences.

Dr. C. H. Andersen (Chicago): It sounds very nice, and no doubt it is possible for Dr. Paddock and Dr. Campbell to examine a woman once and be able to tell all about position and presentation. Experience may teach them to tell what is going on by making one examination, but the young and inexperienced man makes numerous examinations before he can tell just how things are. It is the way he gets experience. I examine a woman twenty to thirty times, and all young men do. It is not possible

for them to get any experience in the schools where they graduate. Before graduation, many of them never make an examination of a pregnant woman, and how are they going to tell what the position is? I sit by the side of a woman and keep making examinations with my hand to see if everything is going all right. Of course, if I had the X-ray eyes of Dr. Paddock and Dr. Campbell, I would make no examination, as I could see right into the pregnant uterus.

Dr. C. E. Paddock: I have nothing in particular to add to the paper. It is simply advice to practitioners who are doing obstetrical work, and is not for such men as Dr. Andersen who know nothing about obstetrics. There are, of course, cases where more than one internal examination is necessary, but it is the exception, and there are exceptions to all rules. I reaffirm that a physician may gain more by external examinations than by internal.

Small-Pox; Its Differential Diagnosis.

By J. C. Sullivan, M. D.,

CAIRO, ILL.,

Member State Board of Health of Illinois.

Read before the Tri-State Medical Society at Chicago, April 4, 1902.

So much having been written for and against the late epidemics of small-pox that the busy practitioner in trying to choose the correct view is but doubly confounded, and none more so than the surgeons and nurses of the civil war.

They having had the experience of seeing almost a peck of scabs removed every morning from the sheets of the convalescent soldiers; whereas now in the exceedingly mild cases there are but few furfuraceous desquamating patches on the skin to be seen instead. Lengthy desertations on the signs is, symptoms, etiology and pathology of the disease are seldom read and more readily forgotten.

Hence, in order to make this paper as brief and practicable as possible I have intentionally refrained from making any mention of either, as I am confident from the amount of literature published on the subject that you are each thoroughly familiar with it. All I wish is simply to impress on you that whenever you have a patient complaining of a severe and persistent backache followed by fever and a pustular eruption, affecting the palms of the hands and the soles of the feet protruding from beneath the true skin or corium, you have a case of small-pox with which to deal, and no matter how insignificant or mild it may appear a case of confluent or even hemorrhagic small-pox may be contracted from it.

Hence the necessity of immediate vaccination of all parties exposed and of strict quarantine or isolation in each case.

There are but two diseases that produce this phenomenon, namely, syphilis and small-pox. The former need never be confounded with the

latter, as a history of chancre would differentiate immediately. From measles it may be differentiated in Koplik's sign which when found consists in the appearance of little white pearly bodies on the inside of each cheek before the faucial redness of early measles. The typical lobster rash, strawberry tongue and persistent white line of that most eccentric of all diseases, proclaims scarlet fever. The multiform punctated and never cresentic rash that of Rothlen. The successive crops of vesicles affecting the shoulder blades principally, chicken-pox. The pustule place or stuck on the surface of the skin, impertigo. Lichen planus and papular eczema may at first be confounded with small-pox, but the pustular eruption from beneath true skin of the palms of the hands and soles of the feet make the diagnosis positive of small-pox, while remembering that there is no such disease as Cuban or Porta Rican itch.

Adherents of the theory of a third or intermediate disease similar to Rothlen, with measles and scarlet fever have strenously fought the idea that modified small-pox could be true disease in any meaning of that term, still repeated examinations and diagnosis of the most eminent specialists have as often found and named it small-pox.

Many, however, admit its contagiousness, but fail to quarantine, here they err, for when a disease, no matter what its name or nature, that is contagious, and before it becomes en or epidemic, it is the duty of every physician to report it to the health authorities and work in concert with them to see that it is rigidly quarantined until all danger of its communication to others shall have passed.

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The Great Social Evil; Abortion and Sterility.

By Wm. V. Loftus, M. D.,

ST. LOUIS.

DR. GEO. J. ENGELMANN'S paper on "Decreasing Fecundity," which was published in a January number of the *Philadelphia Medical Journal*, is peculiarly interesting. Every doctor in the country, it is hoped, has read it, but as it concerns the public in an especial way, and deals with the progressive extinction of the "native Americans" and other races in this country which have become, what may be called "Americanized," it should be seriously considered by all of the people, particularly by teachers, ministers of the Gospel and legislators.

The interests of the American medical profession have been too greatly affected by this vice, which Dr. Engelmann deals with, to cause anything contained in the paper to be regarded as news, but the note of warning which it sounds on the one hand, and of encouragement on the other, makes it "very interesting reading," even to our well informed physicians.

Leading members of the profession, in a great number of instances, owe their popularity (or what is synonymous—their high financial standing), to the "cultivated and refined society" alluded to by Dr. Engelmann (and the other publicists to whom he refers), with which society, these doctors have been *particeps criminis* in this work of destruction of the species. On the other hand, physicians who once stood high, socially and professionally, have dropped entirely out of sight, for no other cause than that of being strictly honorable. It seems unlikely that this suppression of, or interference with child-bearing would have attained its present magnitude if the practice had been denounced by the profession, publicly, when it first attracted notice; even yet, it is believed that if other independent leading medical men would join Dr. Engelmann in exposing this unnatural and criminal proceeding—being particular to call by its black name all that is of that color connected with it, something—perhaps a great deal might yet be done, in shaming the malefactors into decency.

But while the medical profession has been at fault, and is yet much to blame for the connection it still has with the promotion of sterility and abortion it should enlist all helpful outside aid in the work of undoing the great wrong.

Aristotle proclaimed the theory that the contents of the ovum—the fetus—did not become viable until the fortieth day; but this fallacy, which has furnished a loop-hole for willing consciences to crawl through, should no longer be allowed to prevail, and even school physiologies should state plainly that human life begins at the moment when the ovum is impregnated, and it might wisely be added, that after impregnation the destruction of the ovum and its contents, is homicide.

In dealing with the moral aspect of the subject Dr. Engelmann says it is "rightly characterized as conjugal onanism."

"The birth-rate of the native Americans is far below that of France" —which is the lowest on record; it is not holding its own, "it is dying out at an alarming pace."

With such facts as these to lay before the people and those who teach and govern them, a turn in the tide of this great social evil, ought not to be an impossibility. Not the least of the good which may thus be accomplished, will be the restoration of a prostituted profession to its place of honor.

5071 Minerva Ave.

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THE vacation season is practically over, and the majority of the medical men are home again. This has been a popular year for American resorts, very few have felt it necessary to go abroad for their outing. A more than usually large delegation went to the Michigan lake region, while the Colorado and coast always draws largely from St. Louis. As is usual, each one reports such a glorious time as he never before had and is already planning its repetition next year.

Monographs on Nervous Diseases

With Especial Reference to Hygiene, Nursing and Therapeutics.

Acromegly.

By F. Savary Pearce, M. D.,

PHILADELPHIA,

Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia; Neurologist to the Philadelphia Hospital.

THIS is a distrophy characterized by abnormal processes chiefly in the bones of the face and extremities. The word was introduced by Marie, and means large extremities. The disease occurs more frequently in women, and usually begins about the twenty-fifth year; although it has occurred much later. Syphilis, rheumatism and the specific diseases have preceded the development of the disease, but probably have no special connection with it.

Symptoms.—In a well marked case, the signs are characteristic. The hands and feet are greatly enlarged, but not deformed, and the joints are freely mobile. The hypertrophy is general and gives a spade-like character to the hands. The wrists are frequently enlarged, the arms rarely affected. The nails are broad and large. The head is increased in volume; the face more so in proportion, which latter becomes elongated and enlarged in consequence of the increase in size of the superior and inferior maxillary bones. This was especially noticeable in a case coming under the writer's care, which was also accompanied by bi-temporal hemianopsia and mental stupor. The lower jaw in particular enlarges and frequently protrudes beyond the upper. The alveolar processes are widened and teeth separated. The eyelids are at times thickened, the ears greatly enlarged. At times the tongue becomes hypertrophied, and later in the affection, kyphosis may develop and the bones of the thorax may slowly enlarge. With it all the skin may seem quite normal, but occasionally may become coarse and flabby, never having the dry, harsh appearance of the skin of myxoedema next to be mentioned.

In addition to enlargement of the bones, great enlargement of the hypyphysis (pituitary body) has been found. The disease is no doubt a nutritional disturbance analogous to myxoedema, and is probable due to disturbance of function of the pituitary body. In cases where bi-temporal hemianopsia exists, the symptom is due to the enlargement of the hypyphysis and destruction of the nasal halves of the optic nerves at the chiasm.

Diagnosis.—The congenital progressive hypertrophy of a single member, as an arm or leg—the so-called giant growth, is easily recognized.

In osteitis deformans of Paget, the shafts of the long bones are involved and in the head, the bones of the cranium, but not of the face, as Marie states. In Paget's disease, the face is triangular with the base up; in acromegly, it is ovoid or egg shape with the large end down; while in myxoedema, it is round. In hypertrophic pulmonary osteoarthropathy, while enlargement of the hands and feet occur chiefly in the lower three-fourths of the forearms and legs, there is not any involvement of the face.

Prognosis is bad as to cure. Sometimes the patient can be bettered by general hygienic regime. Thyroid extract and pituitary body have been recommended, for much good has resulted from their use.

The liability to sudden death must be remembered, as in the instance of a typical case under the writer's observation recently. The man apparently died of heart failure of reflex organ, he having fallen over while at work, and while in average physical health. No autopsy was permitted.

AMONG THE MAGAZINES

Review of Reviews.—If any publication in this country epitomizes modern progress, it is the Review of Reviews. The September number of that enterprising magazine interprets significant changes in American social and industrial life in a masterly way. Little can be added to its summaries of the wonderful crop statistics of the present season, while the nation's advance in manufacturing and in the solution of great economic problems is graphically described. Altogether, the September Review of Reviews is a sort of marker in America's industrial development for the year 1902.

Everybody's Magazine.—The first of a series of remarkable articles entitled The Woman That Toils begins in the September number of this magazine, published by John Wanamaker. Two New York women, Miss Marie Van Vorst (daughter of the late Chancellor Van Vorst) and her sister-in-law, Mrs. John Van Vorst, well known in the social and literary world, determined to find out for themselves how their less fortunate sisters lived. They went without any money and obtained employment in different factories in Lynn, Pittsburg, Chicago and Columbia. The story of their experience is one of intense human interest and while told soberly and without any trace of sensationalism, makes an impressive contribution to the general knowledge of social conditions. This narrative makes the most interesting feature any magazine has presented for a long time. The first chapter deals with life in the great Pittsburg pickle factories where Miss Van Vorst was engaged. Mr. J. Alden Peirson has illustrated this article with numerous studies of the factory types found in Pittsburg.

LONDON LETTER.

London, August 14, 1902.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The British Medical Association held its annual meeting this year at Manchester, which being a large city, offers unrivalled facilities in the way of accommodation for housing the various sections. The meeting was well attended, and, though perhaps nothing strikingly new was advanced either in theory or practice, the papers on the whole were of a high standard. The social portion of the gathering was a distinct success, and the excursions to the many places of interest in the neighborhood were largely patronized.

PRESIDENT'S ADDRESS.

The President, Mr. Walter Whitehead, consulting surgeon to the Manchester Royal Infirmary, took as the subject for his address "Manchester's Early Influence on the Advancement of Medicine and Medical Education," and his paper gives an interesting account of many medical and scientific worthies connected with Manchester — to name a few, Charles White, born 1728, the first to excise the shoulder joint, and a famous lithotomist and obstetrician (they were "universal specialists" in those days); Thomas Turner, born 1793, founder of the Manchester Medical School; John Dalton, born 1766, the great chemist; James Prescott Joule, who founded the doctrine of the conservation of energy; Thomas Percival, who wrote on medical ethics, and to come to more modern times Sir William Roberts, the authority on renal diseases, and Sir Henry Roscoe, the chemist.

ADDRESS IN MEDICINE.

Sir Thomas Barlow gave the address in Medicine, and took for his subject "The Study of the Natural History of Disease the Basis of all Advance in its Treatment." He instanced as the outcome of a scientific study of diseases our improved methods of treating diphtheria with antitoxin and the great value of bacteriological diagnosis, the treatment of tuberculosis, the practical results of the scientific study of malaria, and the differentiation of various forms of meningitis.

ADDRESS IN OBSTETRICS.

The address in Obstetrics was delivered by Dr. Sinclair upon "Carcinoma in Women," and he expressed his opinion that cancer of the cervix and cancer of the body of the uterus were two very different diseases, and urged the importance of early diagnosis if any thing were to be done for the former condition. To accomplish this he suggested that it would be well if women could be better educated with regard to discharge and hemorrhage occurring at the climacteric whereby they might consult the doctor on the occurrence of any untoward symptom, and not wait until the disease was hopeless. With regard to diagnosis in the early stage he

believed the microscope to be unreliable, but any friability of the tissues was absolutely diagnostic of malignant disease. Only about 18 per cent of the cases seen were operable, the other 82 per cent had delayed until too late.

SECTION OF MEDICINE.

In the Section of Medicine, a discussion on the Causes, Diagnosis and Principles of Treatment of Non-obstructive Dilatation of the Stomach was opened by Professor Clifford Allbutt. Among the local causes enumerated were disturbed secretion, gastritis, drinking large quantities of fluid with the food; among general causes nervous disturbance in fatigue,

PROFESSOR CLIFFORD ALLBUTT.

debility, shock, atrophic causes in anemia, phthisis, and heart disease, toxic causes in fevers and alcoholism. Sir William Broadbent emphasized the frequency of nervous causes. Another important discussion in this section was on the "Differential Diagnosis of Functional and Organic Paralysis," opened by Dr. Buzzard, who stated that there was probably no symptom by itself and unsupported by other symptoms which could be replied upon to establish a diagnosis of functional disease. Babinski's "toe phenomenon" was of great importance, and gave positive evidence of organic disturbance. Dr. Mott advocated the chollin method; if chollin were present in excess in the blood it indicated grave destruction of nerve tissue.

SECTION IN SURGERY.

In the section of Surgery, a discussion on the "Treatment of Tuberculous Disease of the Testis, etc., and Bladder" was opened by Sir Thomas Myles, who advocated the removal of localized disease and not complete orchidectomy. Senn, of Chicago considered the examination of the urine to be of much importance, and advocated iodoform and iodine chloride locally in vesical tuberculosis. Valentine, of New York, considered that gonorrhea played an important part in rendering the genital tract vulnerable to tuberculosis. Sir W. Macewen had obtained excellent results in some cases by enucleation of disease foci in the epididymis.

Mr. Edmund Owen read a paper on the "Treatment of Chronic Pancreatitis by laparotomy with complete cure in two cases. Mr. Eccles read

SIR WILLIAM BROADBENT.

a paper on the "Value of the Imperfectly Descended Testicle," and advocated abdominal reposition of inguinally retained organs which could not be brought into the scrotum. Mr. Freyer contributed a paper on "Total Extirpation of Enlarged Prostate," and described his method of operating. There was also a discussion in this section on the "Treatment of Inoperable Carcinoma" opened by Mr. Henry Morris, who considered that palliative operations were not sufficiently employed. Treatment with Coley's fluid was alluded to. Dr. Beatson thought that of all drugs recommended thyroid extract had most influence upon the disease, and had found in some cases a dangerous reaction from X-rays. Oophorectomy was only applicable in mammary cancer, and the best results were obtained at age of 40, but was not contraindicated if the menopause had been passed. Professor Wild had obtained negative results with Coley's fluid, arsenic and thyroid extract. Several speakers had obtained good results

from the use of the X-rays. In the section of Obstetrics and Gynecology, a discussion on Cesarian Section was opened by Dr. Galabin. Dr. Spencer read a paper on "Total Abdominal Hysterectomy, and Dr. Harrison, of New York, on "Ectopic Gestation," and Professor Curatulo exhibited his electro-therapeutic speculum. There was also a discussion on the "Operative Treatment of Prolapsus Uteri." Dr. Berry Hart held that for moderate degrees of prolapse the most useful operation were combined cervical amputation, elytrorrhaphy, mesial or lateral and perineorrhaphy with ventrifixation in some instances, but that vaginal resection and hysterectomy had to be considered in advanced cases in widows.

HENRY MORRIS, F. R. C. S.

SECTION OF PATHOLOGY.

In the section of Pathology, Dr. Mott opened a discussion upon the "Pathology of Nerve Degeneration." He had found in a number of cases of different organic nervous diseases that it was possible to isolate cholin from the blood, and regarded this as a useful method for distinguishing between organic and functional affections. There was also an important discussion upon the "Place of Bacteriological Diagnosis in Medicine," in which Professor Sims Woodhead insisted upon the importance of co-operation between the clinician and the bacteriologist. A third discussion was upon the relationship between "Human and Bovine Tuberculosis,"

and the general opinion seemed to be that Koch had gone too far in his pronouncement of the separation of these two forms of tuberculosis.

SECTIONS ON LARYNGOLOGY AND OTOLOGY.

In the sections of Laryngology and Otology there was a combined discussion upon the etiology, diagnosis and treatment of ethmoidal and spheriodal suppuration, introduced by Prof. Grunwald (Munich) and Dr. Lambert Lack (London). All the speakers insisted upon the difficulty of diagnosing these conditions, and Dr. Lack described his operation.

SECTION OF PHARMACOLOGY.

In the section of Pharmacology the use of arsenic was discussed, and its value upheld by most of the speakers. Prof. Tunnicliffe pointed out that the toxicity of the arsenates and arsenites was very different. The treatment of diphtheria was discussed, and there was but one opinion with regard to the great value of antitoxin.

SECTION OF PUBLIC MEDICINE.

In the section of Public Medicine, preventive measures in tuberculosis was discussed, notification and disinfection were supported, and the provision of sanatoria urged. Arsenical poisoning was the subject of another discussion, and small-pox and vaccination that of a third, and the following resolution was passed:

"That inasmuch as there is strong evidence to show that the effect of infant vaccination has largely lost its influence after ten or twelve years it is desirable that all children should be revaccinated at the age of 12 years."

SECTION OF TROPICAL DISEASES.

In the section of Tropical Diseases Dr. Manson opened a discussion upon beri-beri, but there was great divergence of opinion expressed by the various speakers upon the part played by food, and especially rice, in the propagation of this disease. A discussion on Dysentery was opened by Dr. Andrew Duncan, and various speakers were inclined to distinguish two forms of this disease, viz., an amebic and a bacillary.

The above are a few of the topics dealt with at the meeting. There are of course other sections, such as psychological medicine, ethics, army and navy, etc., but want of space prevents a summary of their proceedings.

RICHARD T. HEWLETT.

THE SIGNS OF DEATH.—The signs on which a medical man should rely as furnishing the best evidence of the reality of death, prior to the commencement of putrefactive changes, are: 1. The absence of circulation and respiration. 2. The gradual cooling of the body, the extremities cooling first, and the trunk last. 3. Gradual supervention of rigor mortis. 4 The production of post-mortem stains or ecchymoses. The careful observation of these four signs by a medical man will enable him to distinguish a living from a dead body.—*British Medical Journal.*

CONGENITAL ANOMALIES OF THE TESTICLES.

Classification Arranged by DR. BRANSFORD LEWIS, St. Louis.

- Anomalous migration
  - descended—malposed
    - horizontal
    - vertical
    - rotated
    - epididymis detached
  - undescended—displaced (ectopia)
    - both—bilateral (so-called "cryptorchidism")
      - abdominal
      - inguinal
      - crural
      - perineal
      - pubopenile
    - one—unilateral (so-called "monorchidism")
- Anomalous development
  - number
    - excess—multiple—polyorchidism
    - deficiency
      - real (absence)—anorchidism
      - apparent (fusion)—synorchidism
  - volume
    - excess—hypertrophy
    - deficiency—atrophy

♥♥♥♥

SOMETHING JUST AS GOOD.

There's a druggist on the corner of a street that's near at hand
(There are other druggists like him scattered o'er this honest land).
In a store that's large and handsome, with a smile that's soft and bright,
And you'll hear him, if you listen, say this same thing day and night:
"No, we haven't Fairchild's pepsin, but try this, if you would,
And take my word upon it, it is every bit as good.
We are out of P. D.'s tinctures," you will hear the druggist say,
"But I have a line that beats 'em and they're fresh this very day.
What? Bovinine? Take my advice, I really wish you would,
Here's one that costs a trifle less, but every bit as good.
Yes, Maltine? Sure, we have it here, but this is quite 'q. t.,'
I have a malt that knocks it out, made 'specially for me.''
And if you'd follow this same man to his prescription place
You'd see a mercenary smile light up his shaven face,
And you would want to jolt him and you'd strongly wish you could,
As he fills the doctor's orders with "something just as good."
He has home-made Antikamnia and Caroid of his own,
And Hunyadi Fakos and "phoney" Chloretone,
And Benzothymol that he makes, and Pepto-Mangan too;
Ah, 'tis with these things "just as good" he's robbing me and you.
Gray's Tonic he will counterfeit and think it is no sin.
To give you rose-red water for good Glyco-Thymoline.
There's Tritica he's made of trash but looking very fine
And some cheap doctored stimulant for Mariani Wine;
While with Fellows's Hypophosphites he thinks the doctor should
Have quite refrained from ordering when there's "something just as good."

* * * * *

I wonder if, when life is past and to the skies I go,
To be rewarded for my deeds of virtue here below,
When heaven I ask of Peter there, with cloak of white and hood,
He'll say, "Why, heaven's full today, but here's something just as good."

—Geo. Thos. Palmer, *Chicago Clinic.*

MEDICAL MEMORANDA.

A Method of Introducing the Stomach Pump.—An effective and entirely safe method of preventing nausea occasioned by the stomach pump (Ther. Gaz.) is that of freezing two or three inches of the extremity of the tube just prior to its introduction, the object being to secure slight temporary anesthesia of the fauces and pharynx by means of the cold rubber. In this way cold is applied exactly where anesthesia is needed, and the irritability is overcome. Thus the tube may be introduced for the first time with practically no gagging, straining or nausea. The extremity of the tube may be frozen by a few moments' spraying with ethyl chloride. The tube, of course, may be chilled in other ways, but the ethyl chloride is convenient and efficient. The tube has been found not to stiffen markedly under the influence of extreme cold, so no violence from the frozen rubber can occur. And by the time the tube reaches the cardia its low temperature is sufficiently overcome to prevent any danger to the gastric mucosa, though the tube may remain in the stomach some time.

Vaccination and Vaccine (By Wilbur Fiske Sterman, M.D., Winterset, Iowa).—Medical journals are filled with advertisements of vaccine, and among the various concerns interested in the preparation and sale of this product, an intense spirit of rivalry has developed in the effort to furnish the medical profession with an article fully up to their standard requirement. A vaccine that is at the same time potent and virile, yet aseptic or free from pyogenic micro-organisms, is certainly all that could be desired. A vaccine that furnishes a typical umbilicated vesicle, and nothing more, is the desideratum of the competent physician regardless of the fact that not all of his work results in "takes." Many times failures are the result of faulty technic in the application of the virus and the application of the dressing. Some scarifications are not sufficiently thorough; some are overdone, and blood, instead of serum, pours out; in many cases the dressing is applied too soon, and the vaccine is absorbed into the dressing. Some, again, are held close to a hot stove, and the vaccine, blood or serum are dried into an unabsorbable scab, in a few minutes. In this manner and in unskilled hands, the most perfect vaccine ever put upon the market would fall into disrepute, and cost the firm that made it thousands of dollars to replace it. Not long since certain firms began to advertise a vaccine with "100 per cent of 'takes' guaranteed." The only wonder is that some other house did not guarantee 100+, for one is as rational as the other, when viewed in a proper light, and from a proper standpoint. Any conservative man who will reflect for one moment will readily see that a vaccine that furnishes 100 per cent of "takes" is either entirely too active or loaded up with something else, as demonstrated only too forcibly to the observer of the universal molecular death of all tissue brought in contact with it. When one has a clean slough, in case after case, and when vaccination is worse than smallpox, as is true where this vaccine is used, it is time to call a halt in this 100-per cent business, and go back to the perfect vaccine that gave us 75 to 95 per cent of typical, umbilicated vesicles, with constitutional manifestations of immunity to variola, and in

the use of which severe local lesions and constitutional disturbances were the exception and not the rule. In my own hands in primary cases the products of Parke, Davis & Co. have given me 95 to 98 per cent of typical Jennerarian vesicles. At the same time its use is not attended by any untoward local irritation or systemic infection.

I believe aletris cordial to be a great remedy for the various uterine diseases. It acts, as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmenorrhea, with good results. Aletris cordial is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles.—W. T. Wilson, M. D., Bunker Hill, Ind.

The Analytical Chemist.—Recent advances in medicine have made the analytical chemist and pathological and chemical laboratories necessary in a sense which could not have been appreciated a few years since. The multiplication of these laboratories will be accomplished in time; we are not certain that there is call for more than now exist at the present time, in fact we would fear that multiplication would be accompanied by deterioration. Certainly the really excellent laboratories are abundantly caring for the needs of the profession, and by the aid of the telegraph and rapid transit they are abundantly accessible. One of the most popular of these is that of Reed & Carnrick, located at 42 to 46 Germania Ave., Jersey City. In matter of accuracy, promptness and reasonableness of fees Reed & Carnrick cannot be excelled.

Hysterectomy for Cancer of Uterus (By T. J. Biggs, M. D., Sound View Hospital, Stamford Conn.)—Mrs. T., age 47, American. Diagnosis, carcinoma of uterus. Entered hospital October 10, 1901, in a greatly run down condition. She was put on an absolute bovinine diet, until October 14th, when at one o'clock she was given a high rectal injection of bovinine and salt solution, three ozs. of each, and at two o'clock, under ether anesthesia, I performed an abdominal hysterectomy. Just before the uterus was detached from the vaginal wall, the patient showed considerable shock, and consequently the nurse was ordered to give her another high rectal injection of bovinine and salt solution, two ozs. each. She responded to this beautifully. The operation was completed by the closure of the abdominal wound, the pelvis being drained through the vagina. Patient was put to bed with the pulse weak and 112. She was given another high rectal injection of bovinine and salt solution, three ozs. of each. In twenty-five minutes she was conscious, pulse greatly improved, being 100, and full in character. No nausea, thirst or vomiting. The second day the vaginal drain was removed, the wound and the vagina treated by injections of bovinine pure, employed t.i.d. Previous to every injection of bovinine into the vagina, the cavity was washed out with borax solution. These injections were continued three times a day up to October 16th, when twice in twenty-four hours was deemed sufficient. She was now allowed a light general diet together with bovinine. October 14th, the stitches were removed and the abdominal wound found to be healed. From this time on her recovery was uninterrupted and she was discharged cured, November 16th.

Itch.—

℞ Menthol ..... gr. xl
Ichthyol ..... dr. iv
Calcium sulphide ..... dr. i
Sulphur ..... dr. ii
Lanolin .....
Olive oil .....aa q. s. ad. oz. iii

M. Sig.: Apply as required. —C. E. Boynton.

For Pruritus Ani.—

℞ Ac. carbolic ..... gr. xxx
Calomel ..... dr. 1
Tar ..... dr. iss
Menthol ..... gr. xx
Zinc oxide ..... dr. ii
Simple cerate ..... oz. ii

Wash the parts with hot water and spread the ointment on a cloth. Apply and fasten with a T-bandage.

Constipation.—One of the properties of peptenzyme consists of some principle which assists the digestive organs to resume their functions by starting the normal active digestive secretions. The digestive organs of persons suffering from indigestion may be gorged with digestive fluids, but unable to discharge them, and may require only a slight impulse by stimulating the surface and orifices of the gland-cells and of the ducts leading to the digestive canal. In such cases peptenzyme produces a laxative effect, which usually ceases after a few doses have been taken. This laxative effect is not directly due to peptenzyme, but to the sudden release of the retarded digestive secretions. This effect of peptenzyme renders it of great service in permanently relieving constipation. In some cases it will be desirable to combine it with cascara for a short time; in others it will relieve the condition when administered alone.—*Woman's Med. Jour.*

"In Medicina Quolitas Prima est."—All the preparations of W. R. Warner & Co. are known for excellence of quality, accuracy, and uniformity of composition. The effervescent lithia water tablets furnished by this firm offer us a ready and effective method of introducing lithia into the system for the relief of the many disorders in which that remedy is of conspicuous service. The tablets are made in two strengths, one containing 3 and the other 5 grains. Lithia water tablets promote the activity of the kidneys, increase the elimination of urea, and convert uric acid into a soluble form. These properties are an indication of their value in practical medicine. Their chief applicability is in gout and lithemic conditions. By their instrumentality in conveying deleterious products harmlessly from the system they prevent its accumulation and, consequently, the damage which its constant presence inflicts. The pernicious influence of the products of imperfect metabolism upon the kidneys, heart, and blood-vessels is averted or minimized. The aggregation of insoluble and gritty particles in the form of gravel or stone is prevented by the contin-

ued use of these tablets. They will, therefore, often be efficient in saving the kidneys from disorganization and the patient from the agonies produced by the passage of a calculus. By an analogous action they obviate the formation of stone in the bladder and alleviate inaflmmation of that organ. These tablets are, moreover, of much service in rheumatic conditions, both articular and muscular. In the subjects of gout and rheumatism they improve digestive power, and therefore tend to remove some of the causes of the various forms of mischief which those conditions are capable of producing throughout the body. Warner's effervescent lithia water tablets are likewise useful in Bright's disease, acting as a diuretic and reducing albuminuria. In this manner they prevent the accumulation of toxic products. It must be recognized, from such considerations, briefly presented, that they possess a wide sphere of usefulness.—*Monthly Cyclopedia of Practical Medicine.*

No Limit to Inventive Genius.—A word writing typewriter which as a main feature means a new era in the typewriting world. An exceptional opportunity is offered for profitable investment in the stock of The Bennington Typewriter Co., of Kansas City, Mo. The leading features of the Bennington Typewriting are: 1st. That it writes thirty words of most frequent occurrence at a single touch; such words as "and," "the," "this," etc., increasing the speed or saving thirty to thirty-five percent of the time of the operator, thus paying for itself in six to eight months' time. 2nd. The return of platen or roller for new line by pressing key or side lever. This is accomplished by half the motion of the hand in less time than by the old method and without carrying the hand from position on the key board. 3d. It has a perfect tabulator built in the machine—not an attachment. 4th. It has exposed or view writing. 5th. Can rotate the platen or roller forward or backward from line to line by simply pressing lever. 6th. Can space forward and backward one or three spaces at a time by a single touch of space key. Any two of these features would make a superior machine. The machine is not larger than the Smith-Premier, and has twelve, fourteen and sixteen less keys. It is the result of fourteen years' work of the inventor, and more than six years' solid time. It is destined to make old iron out of existing typewriters just as certainly as the self-binder and header made old iron out of the old style reapers, or the now cylinder printing press displaced the old style printing press. It has been examined by many expert machinists and stenographers, and all agree that we have by far out-classed all existing machines; that it possesses several new features (besides the writing of words at a single touch) of unquestioned merit. We are offering a limited amount of stock for thirty days at fifty cents on the dollar. Stock which will easily be worth 200 cents on the dollar within one year. We desire competent men for secretary and superintendent who will invest and become actively interested in the company. Come and see us or send for prospectus at once. Shares, $100 each. Capital stock, $1,500,000. A few good solicitors wanted.

The Bennington Typewriter Co.
304-305 Lyceum Building, Kansas City, Mo.